

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	619010
<015>	Study Area Name	ASTAC Wireless LLC - CL
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Clover McNeil
<035>	Contact Telephone Number: Number of the person identified in data line <030>	9075642680 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	clover@astac.net
	Form Type	54.313 and 54.422

<b>(100) Service Quality Improvement Reporting Data Collection Form</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
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<110>	Has your company received its ETC certification from the FCC?	<input type="radio"/> (yes / no ) <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no ) <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="text"/>
<114>	Report how much universal service (USF) support was received	<input type="text"/>
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	<input type="text"/>
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	<input type="text"/>
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	<input type="text"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="text"/>



(300) Unfulfilled Service Request  
Data Collection Form

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<039> Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<300> Unfulfilled service request (voice)	0
<310> Detail on attempts (voice)	Name of Attached Document
<320> Unfulfilled service request (broadband)	
<330> Detail on attempts (broadband)	Name of Attached Document

(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. <div>Offered both fixed and mobile voice</div>	
<410>	Complaints per 1000 customers for fixed voice	0 . 0
<420>	Complaints per 1000 customers for mobile voice	0 . 0
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<440>	Complaints per 1000 customers for fixed broadband	
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form**FCC Form 481  
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<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	619010aksvcqualityandcpn1510.pdf

**(600) Functionality in Emergency Situations**  
**Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	619010akfunctionalityinemergencysituations610.pdf







**(800) Operating Companies  
Data Collection Form**

FCC Form 481  
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net
<810>	Reporting Carrier	Arctic Slope Telephone Association Cooperative, Inc.
<811>	Holding Company	Arctic Slope Telephone Association Cooperative, Inc.
<812>	Operating Company	Arctic Slope Telephone Association Cooperative, Inc.

[illegible]

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Yes

<900> Does the filing entity offer tribal land services? (Y/N)

North Slope Borough

619010aktribal920.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select Yes or No or Not Applicable
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

**(1000) Voice and Broadband Service Rate Comparability Data Collection Form**

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		9075642680 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	
		clover@astac.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance

\_\_\_\_\_  
Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

\_\_\_\_\_  
Name of Attached Document

(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

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<1100>

Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130>

Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers

Lifeline Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
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<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>619010akLLTCI210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	www.astac.net

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

<b>(2000) Price Cap Carrier Additional Documentation</b>		FCC Form 481
<b>Data Collection Form</b>		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	619010
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<039>	Contact Email Address - Email Address of person identified in data line <030>	clover@astac.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

### Incremental Connect America Phase I reporting

<2010> 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1

2016 certification, this applies to Round 2 recipients of Incremental Support

<2011> 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1

2016 certification, this applies to Round 1 recipients of Incremental Support

<2022> Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.

<2023> The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.

<2024A> Round 2 Recipient of Incremental Support?

<2024B> Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(iii). Round 2 recipients only.

<2025A> Round 1 or Round 2 Recipient of Incremental Support?

<2025B> Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)






Name of Attached Document Listing  
Required Information

Name of Attached Document Listing  
Required Information

**(2000) Price Cap Carrier Additional Documentation (Continued)****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

&lt;2016&gt; Certification support used to build broadband

**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

&lt;2017A&gt; Connect America Fund Phase II recipient?

&lt;2017B&gt; Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

cap carrier used for capital expenditures in 2015.

&lt;2018&gt; Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(iii)

&lt;2019&gt; Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

&lt;2020&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

&lt;2021&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

&lt;2026&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

&lt;2027&gt; Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

Name of Attached Document Listing  
Required InformationName of Attached Document Listing  
Required Information



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Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	(Yes/No) <input type="radio"/> <input type="radio"/>
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	<input type="checkbox"/>
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

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Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

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**4005 Rural Broadband Experiment**

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

**Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)**

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001.** Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

**Community Anchor Institutions – FCC 14-98 (paragraph 79)**

**4003a.** RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

**If yes to 4003A, please provide a response for 4003B.**

**4003b.** Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information

**Broadband Deployment Locations – FCC 14-98 (paragraph 80)**

**4004a.** Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information

**4004b.** Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ASTAC Wireless LLC - CL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/10/2016
Printed name of Authorized Officer: Clover McNeil	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 9075642680 ext.	
Study Area Code of Reporting Carrier: 619010	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**Certification - Agent / Carrier  
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:**

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

**TO BE COMPLETED BY THE AUTHORIZED AGENT:**

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## Attachments







## **54.313(a)(5) Satisfaction of Consumer Protection and Service Quality Standards**

### **Consumer Protection**

#### **Voice**

Arctic Slope Telephone Association Cooperative, Inc. complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions. This applies to all lines of business (voice, broadband, wireless and lifeline).

### **Service Quality Standards**

#### **Voice**

Arctic Slope Telephone Association Cooperative, Inc. complies with the service standards of the State of Alaska promulgated in Alaska Statutes, Title 3 Commerce, Community, and Economic Development Part 7 Regulatory Commission of Alaska, 3 AAC 52.200-3, AAC 52.340, Telephone Utilities and Alaska Administrative Code 3 AAC 53.700 State Telecommunications Modernization. This applies to all lines of business (voice, broadband, wireless and lifeline).

### **Functionality in Emergency Situations**

In 7 of our village locations (Point Hope, Point Lay, Wainwright, Atkasuk, Nuiqsut, Kaktovik and Anaktuvuk Pass) we have fully redundant Redcom local exchange switches. The central offices that these switches are installed in are equipped with back up batteries designed to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of the loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. We have village reps in these villages that can check the site during an emergency and have fuel delivered if necessary.

In our two largest exchanges, Barrow and Deadhorse we have fully redundant Genband C15 local exchange switches. The central offices these switches are installed in are equipped with back up batteries to support an 8 hour power disruption. In addition, each location has a standby generator that will come on line automatically in the event of loss of commercial power. These generators are equipped with external fuel tanks that will provide for 4 or 5 days of unattended operation. In addition these locations are manned 7 days a week for emergency response.

In both Barrow and Deadhorse we have battery back at all remote locations and any locations without permanent standby generators are supported by portable generators.

In all locations we work with the two long distance carriers to reroute traffic as required to recover from network outages or traffic spikes. We have redundant routes to both major carriers.

Most ASTAC Wireless cell sites are collocated with our LEC infrastructure and therefore have the same protections as shown above. Those that are standalone either have protected power provided by the facility, or have back up batteries designed to support an 8 hour power disruption and are supported by portable generators as needed.

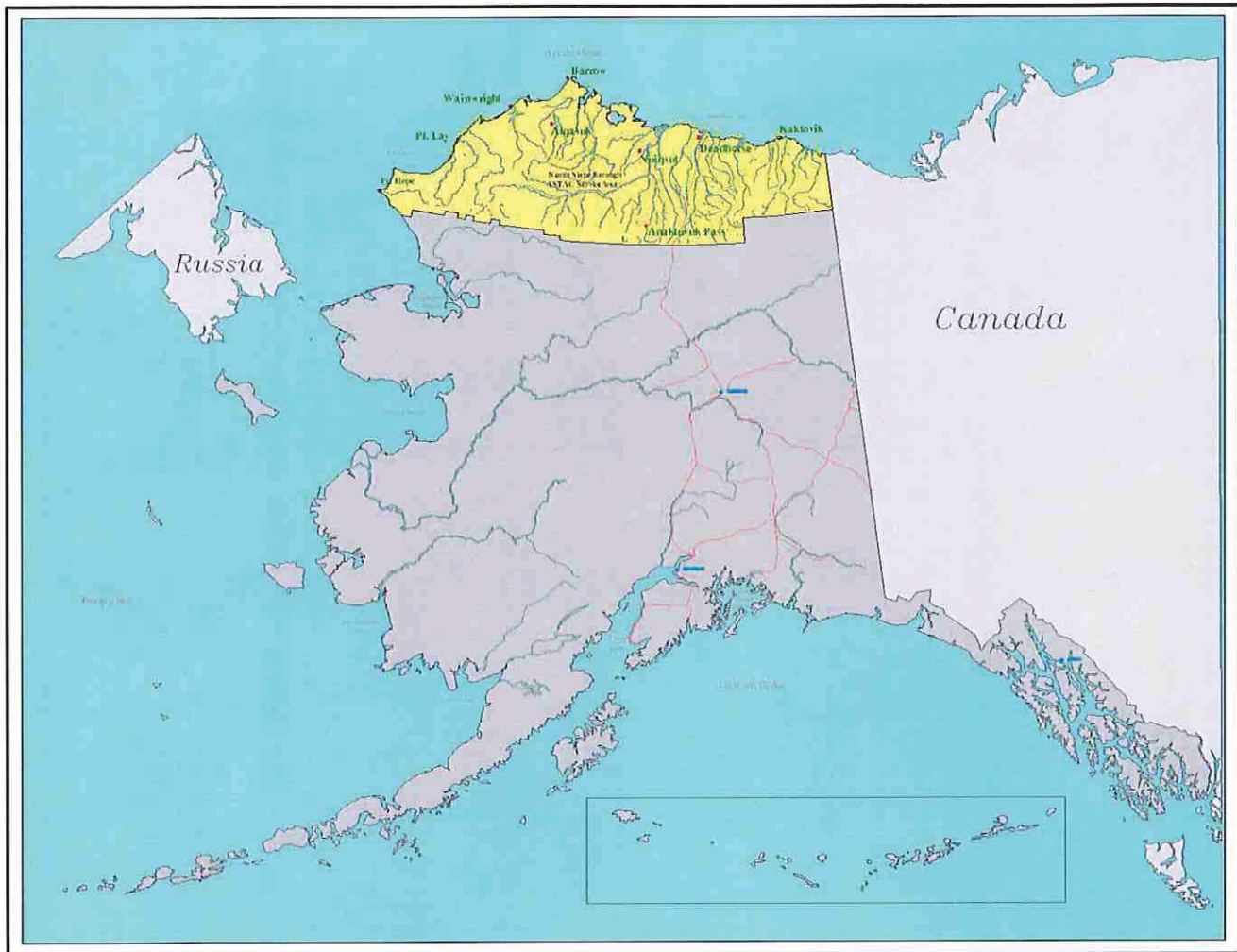
Arctic Slope Telephone Association Cooperative, Inc.

Certification of Tribal Engagement

For the Year Ending December 31, 2015



**Service Area Description:** Arctic Slope Telephone Association Cooperative, Inc. (ASTAC) serves the North Slope Region of Alaska. Our service area encompasses over 92,000 square miles and has seven traditional Native villages, the City of Barrow and the oilfields of Prudhoe Bay scattered across that expanse. With the exception of Prudhoe Bay, which is built out from the terminus of the Dalton Highway, all other villages can only be reached year round by aircraft.



**Tribal Entities:** There are ten federally recognized Tribal Entities within ASTAC's serving area. Each of the seven villages and Barrow has a Native Village organization. Arctic Slope Native Association (ASNA) is the Tribal Entity that manages the Samuel Simmonds Memorial Hospital in Barrow and the Inupiat Communities of the Arctic Slope (ICAS) serves as an "umbrella" government for eight remote Inupiat villages known as the Inupiat "community" spread out along the Arctic Ocean and in the interior, just above the Arctic Circle.



**The Process:** Following the guidelines in DA 12-1165, ASTAC's Executive Leadership Team made multiple attempts to either coordinate telephonic meetings for Tribal Engagement or meet the requirement through proxy of the engagement process by the tribal entity to the village's elected Director to the ASTAC Board. Tribal leadership points of contact were updated to reflect current information (Tab 1). A cover letter was created to explain the process and asking for the Tribal Entity's cooperation in meeting our Tribal Engagement obligations. The cover letter borrowed heavily from DA 12-1165. This document was sent on November 5, 2015. An example of the cover letter can be found at (Tab 2).

The cover letter did not elicit a response from any of the Tribal entities who have not asked to be represented by their Tribe's Director on the ASTAC Board. Prior to the mailing of the first letter, ASTAC had held four regularly scheduled Board meetings throughout 2015, where the Board approved numerous ongoing engagement items. Minutes for an Open portion of a meeting, including Board approval of engagement activities can be found at (Tab 3). At these same Board meetings, Directors residing in the 5 communities who had been non-responsive to the engagement interaction were asked to do a personal follow up with the Tribal entity and all agreed to do so, with one community's native village agreeing that it made good sense to be represented by their community leader on the ASTAC Board. We had another tribal entity (ASNA) follow up after December 31, 2015, expressing similar interest and we are working with them to educate them on the process including a trip to Barrow in the first quarter of 2016 to follow up with ASNA leadership on the information that has been provided. Following the initial mailing, Charlie Carpenter, Chief of Network Operations requested a telephonic meeting. Telephonic logs for each Tribal Entity who did not proxy representation to their elected Director can be found at (Tab 4).

Following multiple attempts to engage Tribal Leadership from November through December 2015, we were successful in connecting with 60% (six) of the ten Tribal entities. A recurring theme that was expressed in 2012 through 2015 was the appropriateness of using the ASTAC elected Board member as a representative of many of the Tribal entities, since the Board member is also a member of the Tribal entity, has received telecom specific training, and sets the direction for the Cooperative based on the will of the people who elect them. We received a written request to do so from the Native Villages of Barrow and Wainwright and verbal authorization from the Native Villages of Kaktovik, Nuiqsut, Point Hope, and Anaktuvuk Pass.

I certify that the above description of ASTAC's Tribal Engagement is a fair and accurate documentation of our efforts and that a copy of this certification has been provided via USPS to all of our Tribal entities.



December 31, 2015

Stephen L. Merriam, CEO

Date

<http://www.loc.gov/catdir/cps0/biaind.pdf>

**Tab 1**



Arctic Slope Telephone Association Cooperative, Inc.  
4300 B Street, Suite 501, Anchorage, AK 99503  
907-563-3989 • 1-800-478-6409 • F: 907-563-1932

November 6, 2015

Ms. Marie Carroll  
Arctic Slope Native Association  
P.O. Box 1232  
Barrow, Alaska 99723

Dear Ms. Carroll;

This letter is intended to help facilitate engagement between Tribal government officials and ASTAC, which provides service on Tribal lands with the use of Universal Service Fund (USF) support. In 2012, ASTAC met with all tribal entities on the North Slope. Based on feedback we received from Tribal leadership, we are amending our process to better collaborate with you.

A number of tribal entities pointed out that ASTAC has an elected Director to our Board representing your community. All Directors receive extensive industry training in telecommunications, meet four times yearly to set direction for the Cooperative and could potentially be a great resource in directing the Cooperative relative to your planning. It was highly suggested that the Director coordinate with you and speak for your tribal entity, engaging the Cooperative management team on your behalf. This would be much more responsive to your evolving needs due to the quarterly standing Board meetings where you could be represented. It would also save the membership a significant amount of money. For instance, in-person tribal engagement in 2012 cost the Cooperative almost \$28,000. Six of the ten tribal entities for the North Slope have adopted this approach by 2014, saving the membership significant money better used to upgrade the network for future offerings.

If this alternative approach makes sense to you, please email me at [steve@astac.net](mailto:steve@astac.net) and confirm your interest in using our Board member, Marietta Aiken as your organization's representative for telecommunications issues, and we will take it from there. Thanks for your consideration of this tailored approach.

Best Regards,

Stephen Merriam, CEO

ASTAC, Serving the North Slope of Alaska since 1980



## 11. EXECUTIVE SESSION

(Tab 6)

██████████ / 5 Year Plan Current Year Update – ██████████

C. **Wireless Partnership Update** – ██████████

D. Financial Report – Year to Date – ██████████

E. **2016 Budget Presentation** – ██████████

## 12. BOARD ACTION ON EXECUTIVE SESSION ISSUES

## 13. COMMITTEE REPORTS

### A. Tribal Engagement Committee

Members: Cornelia, Paul, Terry, Marietta, Noreen, Ella, Marjorie and Patrick

To the extent the recipient serves Tribal lands, documents or information demonstrating that the ETC had discussions with Tribal governments that, at a minimum, included:

(i) A needs assessment and deployment planning with a focus on Tribal community

anchor institutions; **Review of current year activity of the 5 year plan in Executive Session -** ██████████

(ii) Feasibility and sustainability planning; **See Item 11.B. Financial Report in Executive Session -** ██████████

(iii) Marketing services in a culturally sensitive manner; Presented in **Report.** ██████████

(iv) Rights of way processes, land use permitting, facilities siting, environmental and

cultural preservation review processes; Presented in **Report** ██████████

(v) Are there compliance with Tribal business and licensing requirements? If so, are we in compliance? In **Report** ██████████

(vi) Follow up solicitation for Board member to represent Native Village in Telecom matters – Still needed with Native Villages of PIZ, ATQ as well as ICAS and ASNA. In **Report** ██████████

**Agenda items in red signify action on Tribal Engagement**

\*Agenda subject to change by Board Chairperson

**Tab 3**



# Appendix B - Tribal Engagement Telephonic Record ASNA

Date	Time	Called Number	Person you spoke with	Summary of conversation	Your initials
12/23/2015	2:27pm	907-852-4611	press 1 for ASNA	Left Marie Carrol a message re:Steve's letter - ask for call back	CC
12/31/2015	12:52pm	907-852-4611	operator answered	Left Marie Carrol a message re:Steve's letter - ask for call back	CC
1/4/2016	3:15m		got a call from Luke Welle: Merriam did email him a copy on 1/4/2016	Luke called to say Marie Carroll was on sabbatical and he was taking her place. He had not seen the letter and I said we would email him a copy. Steve	CC

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1-800-478-6409  
Fax: 907-563-3394



Web: [www.astac.net](http://www.astac.net)  
Email: [info@astac.net](mailto:info@astac.net)

**BARROW OFFICE**  
1078 Kiogak Street  
Barrow, Alaska 99723  
907-852-7100  
Fax: 907-852-0006

## CUSTOMER WIRELESS AGREEMENT

**Applicant Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_  
SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Drivers License # & State \_\_\_\_\_  
**Joint Applicant Name:** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_  
SSN \_\_\_\_\_ Birth Date \_\_\_\_\_ Drivers License # & State \_\_\_\_\_  
**Billing Address** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(PO Box only for North Slope) (City) (State) (Zip Code)  
**Email Address** \_\_\_\_\_



**Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?**

If yes, please explain: \_\_\_\_\_

### CALLING PLANS

- ☐ **Flex Unlimited Nationwide \$49.99 Monthly Access Rate**, Unlimited Nationwide and Roaming  
☐ **Flex Unlimited Statewide \$39.99 Monthly Access Rate**, Roaming in Lower 48 \$0.35 per minute, Out of State calls \$0.25 per minute  
☐ **Flex Unlimited Arctic Slope\* \$29.99 Monthly Access Rate**, Roaming in Lower 48 \$0.35 per minute, Out of State calls \$0.25 per minute  
☐ **Flex Unlimited Local\*\* \$19.99 Monthly Access Rate**, Roaming in Lower 48 \$0.35 per minute, Out of State calls \$0.25 per minute

Features Included (where available) Call Waiting, Caller ID, Conference Calling, Classic Voice Mail and Call Hold.

\*Arctic Slope: Anaktuvuk Pass, Atkasuk, Barrow, Deadhorse, Kaktovik, Kotzebue, Noorvik, Nuiqsut, Point Hope, Point Lay, Selawik, Wainwright.

\*\* Local Community: is limited to the specific village the customer resides in.

### LIFELINE / LOCAL FAMILY PLAN

- ☐ **Wireless Lifeline Service \$0.00 Monthly Access Rate** (For more info on Lifelineservice, contact ASTAC Customer Service)  
Includes 500 long distance minutes (main line only with \$100 deposit), unlimited text, and call restriction services.  
\_\_\_\_\_ Additional Wireless Lifeline Service Phones (up to 5)  
☐ **Local Family Plan\*\* (Landline Service Required) \$5.00 Monthly Access Rate** (For more info on Lifelineservice, contact ASTAC Customer Service)  
\*\* Local Community: is limited to the specific village the customer resides in.  
\_\_\_\_\_ Additional Wireless Family Plan Phones (up to 4) \$5.00 per phone

### SMS & MOBILE DATA PLANS (Includes Unlimited Texting/SMS)

- ☐ **Unlimited SMS/Texting only, no MMS/Data: \$5.00/month**  
☐ **500MB+SMS Bundle: \$15.00\*/month** ☐ **2GB+SMS Bundle: \$30.00\*/month**  
☐ **2GB+SMS+Home Bundle\*\*: \$15.00\*/month** ☐ **3GB+SMS Bundle: \$40.00\*/month**

\* Data Overage Rate per MB = \$.10

\*\*Reduced Rate on 2GB Requires Home Bundle

### HANDSET / SMARTPHONE Activation fee: \$35.00 (per line)

**Handset Make and Model:** \_\_\_\_\_

**Handset Retail Price:** \$ \_\_\_\_\_ **Handset Installment Plan:** ☐ 12 Months ☐ 18 Months ☐ 24 Months ☐ N/A

**Down Payment:** \$ \_\_\_\_\_ **Remaining Balance:** \$ \_\_\_\_\_ / **Months = Monthly Payment:** \$ \_\_\_\_\_

### PLEASE READ ALL TERMS AND CONDITIONS BEFORE SIGNING

By signing this agreement, customers authorize ASTAC to perform credit checks to obtain information. Customers further acknowledge having read and understood the terms on the reverse side and agrees to be bound hereby.

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_ **Printed Name** \_\_\_\_\_  
Signature Applicant

**Joint Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_ **Printed Name** \_\_\_\_\_  
Signature Joint Applicant

**For Office Use Only**  
Date Received \_\_\_\_\_ Date Completed \_\_\_\_\_ Deposit Required \_\_\_\_\_ SO# \_\_\_\_\_  
Phone # Assigned \_\_\_\_\_ Customer Account # \_\_\_\_\_ CSR Initials \_\_\_\_\_

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## ARCTIC SLOPE TELEPHONE ASSOCIATION COOPERATIVE, INC.

This is an Agreement between subscriber named on the reverse side and ARCTIC SLOPE TELEPHONE ASSOCIATION COOPERATIVE, INC., ("ASTAC") for the provision of cellular telephone or other wireless telecommunications services or products ("Service"). The agreement shall not be binding until accepted and executed by an authorized employee, or agent of ASTAC. A faxed copy of this agreement can be considered the original.

1. **Availability:** Service availability is subject to the condition and power of your cellular telephone, your location relative to our cell sites and those of other companies, cellular system capabilities and atmospheric or topographical conditions. For these reasons, we make no warranty that service will be available at any time or in any location. Service may be temporarily refused, interrupted or curtailed due to governmental regulations or orders, system capacity limitations, equipment failure, nonpayment by subscriber, modifications, upgrades, relocations, repairs or other activities necessary or appropriate for system operations.
2. **Use of Service:** Requests for activation, modification or termination of Service will only be accepted by ASTAC from subscriber or subscriber's authorized agent. Subscriber agrees not to use the Service for an unlawful or abusive purpose or in any way that damages our property or interferes with or disrupts our system or use by other users. Subscriber also agrees to change the electronic serial number (ESN) or equipment identifier (EID). Subscriber has no ownership rights to any IP address, or e-mail address provisioned by ASTAC to be used for any Service. By using Service, subscriber agrees to abide by the terms and conditions of this agreement, any applicable calling plan and any applicable software license. Your service is subject to ASTAC's Acceptable Use Policy located at [www.astac.net](http://www.astac.net) and may change without notice.
3. **Determination of Charges:** Charges for the Service will depend on the calling plan selected by subscriber on the reverse side of this agreement. For all incoming and outgoing calls, the length of the call will be measured from the time subscriber presses the "send" key until subscriber presses the "end" key or otherwise terminates the call. Airtime is billed in full minute increments, with partial minutes rounded up to the next full minute. If an incoming call has been forwarded to another number, subscriber will be billed for the entire time that the system handles the call. If subscriber uses the telephone for paging or text messaging, where available, subscriber will be charged for messages as described in subscriber's service plan. Subscriber will be billed at home or roaming airtime rates for 800, 866, 877, 888 and other "toll free" calls depending on where subscriber is located when the call is made. If a person activates Service on behalf of another person or entity but was not authorized to do so, the person activating the Service will be fully bound by this agreement as though they had activated the Service on their own behalf. ASTAC reserves the right to modify or terminate the calling plan selected by subscriber upon thirty (30) days prior written notice. In such event, subscriber may terminate the Service or select another calling plan. Continued use of the Service after the expiration of the notice period will be subscriber's consent to the charges described in the notice. ASTAC reserves the right to deliver some or all long distance calls to the long distance provider of ASTAC's choice.
4. **Payment, Due Date:** Subscriber is responsible for payment of all charges to subscriber's account including but not limited to: airtime, access, features, data usage, text messaging, roaming, long distance, directory and operator assistance charges, telephones and accessories, shipping and handling fees and any taxes, surcharges, fees, assessments or recoveries imposed upon subscriber as a result of the provision of Service or the purchase of goods. All amounts billed are due upon receipt, and are considered delinquent if payment has not been received by the 20th day of the next month.
5. **30 Day Trial Period:** You may terminate a new customer service agreement for any reason within 30 days of activation. If you do so, the service will be cancelled; and you will be responsible for all applicable fees, prorated access charges, taxes, roaming, long distance, data usage, or other charges that accrued to your account. Equipment provided/purchased must be returned in the original box with all components and packaging materials (phone, charger, battery, user instructions, warranty information, etc.). If your equipment is deemed "acceptable" you will be refunded the price of the phone to reflect the equipment purchased price. ASTAC reserves the right to determine "acceptable" condition.
6. **Handset Installment Plan Term, Termination:** The term of the Handset Installment Plan is disclosed on the reverse side. Handset Installment Plans require a 12, 18, or 24 month 0% APR monthly installments and immediate down payment. Qualified wireless service plan is required. Either party may terminate this agreement at any time upon notifying the other party with or without cause. Except as otherwise provided herein, if subscriber terminates the Handset Installment Plan, cancels wireless service, or failure to make required payments when due, the remaining balance of the handset is due. At the end of the Handset Installment Plan service will continue on a month to month basis at the last rate agreed to by the parties.
7. **Deposits, Credit Information, Late Payment Charges and Disputes:** ASTAC may, at its option, require a deposit prior to or at any time during the term of the service agreement. The amount of the deposit will depend on the credit of and the amount of Service provided to subscriber. The deposit will be held as a partial guarantee of payment. The deposit cannot be used by subscriber to pay or delay payment. Unless otherwise required by law, deposits may be mixed with other funds of ASTAC and will not earn interest. Subscriber agrees to provide credit references and to allow ASTAC to verify credit information and contact credit reporting agencies to obtain and provide payment and credit history. A late payment charge of ten and one half percent (10.5%) per annum, or such lesser amount required by law, will be added to past due accounts. Payments mailed to ASTAC will be deemed paid when received and credited to subscribers account. All amounts, including disputed amounts must be paid by the due date regardless of the status of any objection. All communication regarding disputes must be in writing, marked "billing dispute" on the outside of the envelope, and received by ASTAC within 60 days of receipt of the billing statement. If any of these requirements are not met, subscriber waives any right to contest the bill.
8. **Disclaimer of Warranties and Risk of Loss:** ASTAC makes no warranty, express, statutory or implied, written or oral, and whether arising by statute or course of dealing or usage of trade to subscriber as to: (A) the suitability of the Service for subscriber's intended use; (B) the availability of the Service at any time or in any location, (C) the merchantability or fitness of the Service for any purpose, or (D) the availability of 911 service, (E) the grade or quality of the Service. Subscriber assumes all risk of loss that may result from unavailability or failure of the Service.
9. **Limitation of Liability:** The total liability of ASTAC in any way arising directly or indirectly out of the provision of the Service under this agreement shall be limited to an amount equal to one month's access charge. This limitation of liability shall apply regardless of the form of the action, whether for breach of contract, warranty, negligence, strict liability in tort, or otherwise. In no event shall ASTAC be liable for any special, consequential or punitive damages.
10. **Expenses:** Subscriber shall pay all costs and expenses, including without limitation reasonable attorney's fees, and the fees of any collection agencies and arbitration process or court costs, incurred by ASTAC in enforcing any of its rights or remedies under this agreement.
11. **Jurisdiction:** Any dispute regarding this agreement will be governed by the laws of the State of Alaska and resolved in any Alaska court or through arbitration at a location selected by ASTAC in the state of Alaska.
12. **Commercial Mobile Alert Services:** ASTAC presently does not transmit wireless emergency alerts. Notice required by FCC Rule 47 CFR 10.240 (Commercial Mobile Alert Services)
13. **Contract Modifications, Notices:** No modification hereof shall be binding upon either party unless the modification is in writing and signed by a duly authorized representative of both parties. Notices to Subscriber shall be deemed given if deposited in the U.S. Mail system addressed to subscriber's last known address as shown on the reverse side of this agreement. Notices to ASTAC will be deemed given when received by ASTAC. **Subscriber acknowledges that they have read and understands these terms and conditions and agrees to be bound by them, and that this document with any attachments is the complete and exclusive statement of the agreement between the parties and this supersedes all proposals, oral or written, and all other communications between the parties relating to this agreement.**

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**LIFELINE HOUSEHOLD WORKSHEET**  
**ONLY Multiple Households Complete This Form**

<b>CUSTOMER'S FULL NAME</b>	
<b>MAILING ADDRESS</b>	
<b>"Main" Lifeline Telephone Number</b>	

Lifeline is a federal government assistance benefit that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies. Lifeline is a non-transferable benefit and may not be transferred to any other person. Willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment, or being barred from the program. Violation of the one-per-household limitation constitutes a violation of the FCC's rules and will result in de-enrollment from the program and, potentially, prosecution by the U.S. government.

Your **household** is everyone who lives together at your physical address as one economic unit (including children and people who are not related to you). The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

1. **Does your spouse or domestic partner** (that is, someone you are married to or in a relationship with) **already receive Lifeline services for landline or wireless service?** (check no if you do not have a spouse or partner)        YES        NO

- If you checked **YES**, you do not qualify for Lifeline and may not sign up because someone in your household already receives Lifeline. Only **ONE** Lifeline discount is allowed **per household**. (do not complete the rest of the form.)
- If you checked **NO**, please **answer question #2**.

2. **Do other adults** (people over the age of 18 or emancipated minors) **live with you at your address?**

- |  |                                    |                      |                                    |
|--|------------------------------------|----------------------|------------------------------------|
| A. A parent  | <u>      </u> YES <u>      </u> NO | D. An adult roommate | <u>      </u> YES <u>      </u> NO |
| B. An adult son or daughter  | <u>      </u> YES <u>      </u> NO | E. Other             | <u>      </u> YES <u>      </u> NO |
| C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) | <u>      </u> YES <u>      </u> NO |                      |                                    |

- If you checked **NO** for each statement above, skip question #3. Please **initial line B below**, and sign and date.
- If you checked **YES** on any statement above, please answer question #3.

3. **Do you share living expenses** (bills, food, etc.) **and share income** (either your income, the other person's income or both incomes together) **with at least one of the adults listed above in question #2?**        YES        NO

- If you checked **NO**, then your address includes **more than one household**. Please **initial lines A and B below**, and sign and date.
- If you checked **YES**, then your address includes only **one household**. Please **initial line B below**, and sign and date.

**CERTIFICATION**

Please initial the certifications below and sign and date.

- |   |
|---|
| A. <u>      </u> I certify that I live at an address occupied by <b>multiple households</b> .   |
| B. <u>      </u> I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government. |

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## LIFELINE AND LINKUP ASSISTANCE APPLICATION

Annual Certification Is Required

Check applying for: ☐ Local Service Assistance OR ☐ Wireless Service Assistance

### Verify your Eligibility:

1. Complete Section A: Personal Information
2. Complete Section B **OR** Section C (not both)
3. Complete Section D: Initial, Sign, and Date
4. Attach a copy of your documents to support your eligibility
5. Return Application and Documents to ASTAC 4300 B St, Suite 501, Anchorage, AK 99503 / Fax: 907-563-3394 or 907-852-0006

### A. PERSONAL INFORMATION

The person applying for Lifeline service **MUST BE** the same person who qualifies for the Lifeline benefits **AND** listed on the telephone bill.

CUSTOMER FIRST AND LAST NAME	
MAILING ADDRESS City, State, Zip Code	
"Main" Lifeline Telephone Number	
PHYSICAL ADDRESS City, State, Zip Code (NOT PO Box)	

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
(Required) mm dd yyyy

☐ Check here if service address is temporary

Social Security Number: \_\_\_\_\_  
(Required)

**Tribal Lifeline:** Single party, voice grade access to the public switched network, access to emergency services, access to operator services, access to interexchange services (unless toll blocking is chosen), access to directory assistance, and toll blocking (if requested).

**Tribal Link Up:** includes any standard charges imposed on qualifying low-income individuals on Tribal Lands as a condition of initiating service, including both line extension and initial connection charges. The customer will receive assistance for 100% of connection fees up to \$100.00. This is the maximum federal assistance available. The supported services under this section do not include charges assessed for facilities or equipment that fall on the customer's side of the demarcation point, i.e. customer premises equipment and inside wiring charges. Any additional installation charges or line extension charges will be the responsibility of the customer. Expanded Link-Up Service assistance shall be provided a subsequent time only for a principal residence with a different address than the residence where Expanded Link-Up Service was previously provided.

Check applying for: ☐ Tribal Lifeline (monthly reoccurring charge) ☐ Tribal Link Up (installation charges)

Office Use Only	
ASTAC CSR:	
Proof of Eligibility Received and Effective Date(s):	
Date:	

**B. PROGRAM-BASED ELIGIBILITY**

Check all program(s) in which you or a member of your household is currently enrolled. **YOU MUST PROVIDE PROOF OF PROGRAM PARTICIPATION.** This could include a copy of your benefit ID card, a copy of an eligibility letter from an authorized agency or prior year's statement of benefits. **(Do not send original documents, documentation will NOT be returned. Proof will remain on file with ASTAC for 3 years.)**

<input type="checkbox"/> E1 - <a href="#">Medicaid</a> <input type="checkbox"/> E2 - Supplemental Nutrition Assistance Program ( <a href="#">Food Stamps</a> or <a href="#">SNAP</a> ) <input type="checkbox"/> E3 - <a href="#">Supplemental Security Income (SSI)</a> <input type="checkbox"/> E4 - <a href="#">Federal Public Housing Assistance (Section 8)</a> <input type="checkbox"/> E5 - <a href="#">Low-Income Home Energy Assistance Program (LIHEAP)</a> <input type="checkbox"/> E6 - <a href="#">Temporary Assistance to Needy Families (TANF)</a> <input type="checkbox"/> E7 - <a href="#">National School Lunch Program's Free Lunch Program</a> <input type="checkbox"/> E8 - <a href="#">Bureau of Indian Affairs (BIA) General Assistance</a> <input type="checkbox"/> E9 - <a href="#">Tribally administered Temporary Assistance to Needy Families (TTANF)</a> <input type="checkbox"/> E11 - <a href="#">Head Start (income based criteria only)</a>	<b>E12 - State Assistance Programs (If Applicable)</b> <input type="checkbox"/> <a href="#">Alaska Adult Public Assistance</a> <input type="checkbox"/> <a href="#">Alaska Heating Assistance Program</a> <input type="checkbox"/> <a href="#">Alaska Public Housing</a> <input type="checkbox"/> <a href="#">Alaska Senior Care</a> <input type="checkbox"/> <a href="#">Alaska Temporary Assistance Program (ATAP)</a> <input type="checkbox"/> <a href="#">Child Care Assistance (PASS I, II, III)</a> <input type="checkbox"/> <a href="#">Denali Kid Care</a> <input type="checkbox"/> <a href="#">Pioneer Home Payment Assistance</a> <input type="checkbox"/> <a href="#">Sr. Citizen Housing Development Fund</a> <input type="checkbox"/> E13 - Eligibility Based on Income ( <i>see Section C</i> ) <b>E14 – Program Eligibility Approved by State Administrator</b> <input type="checkbox"/> <a href="#">Home Investment Partnership Program ("HOME")</a> <input type="checkbox"/> <a href="#">Interest Rate Reduction for Low Income Borrowers</a> <input type="checkbox"/> <a href="#">Low Income Housing Tax Credit Program</a> <input type="checkbox"/> <a href="#">VA Disability Pension</a> <input type="checkbox"/> <a href="#">WIC - Women Infants and Children Program</a>
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IF THE PARENT QUALIFIES FOR THE BENEFITS DUE TO A MINOR CHILD, THEN MINORS' INFO IS NEEDED AS THE "BENEFITS QUALIFYING PERSON"

Minor's First and Last Name	Date of Birth	Last 4 Digits of Social Security Number

**C. INCOME-BASED ELIGIBILITY**

Calculate **TOTAL** household income by reporting the income of all adult persons residing in your home in the appropriate category:

Income Source	Amount	2016 Federal Poverty Guidelines for Alaska
Prior year's State, Federal or Tribal tax return <b>OR</b>		<b>Household Size</b>
Social Security; Retirement income		<b>Poverty Guideline</b>
Alimony or Child Support		1
Wages		2
Bureau of Indian Affairs General Assistance		3
Unemployment; Worker's Compensation		4
		5
		6
		7
		8
<b>TOTAL:</b>		For each additional person, add

**You must attach proof of income as reported above, examples include:**

- Prior year's State, Federal or Tribal tax return **OR**  
Most recent statement from each type of current income source(s) noted above:
- **Three consecutive months'** worth of your most current pay stubs from all employers
- Social Security statement of benefits
- Veterans Administration statement of benefits
- Retirement/Pension statement of benefits
- Unemployment/Worker's Compensation statement of benefits
- Child Support documentation
- Federal or Tribal notice letter of participation in Bureau of Indian Affairs General Assistance **OR**
- Divorce Decree



**D. SIGNATURE (This section must be filled out completely)**

Please read the following statements, initial by each sentence, and sign below. [Disclosure Statement: Perjury and false statements are punishable by fine and/or imprisonment under Title 18 of the U.S. Code.]

By signing below, I certify under penalty of perjury, to each and every one of the following:

- \_\_\_\_1. I meet the income-based or program-based eligibility criteria for receiving Lifeline, provided in 47 C.F.R. Section 54.409. I have provided documentation of eligibility;
- \_\_\_\_2. I will notify the carrier **within 30 days** if, for any reason, I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline support, I am receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit;
- \_\_\_\_3. If I am seeking to qualify for Lifeline as an eligible resident of Tribal lands, I live on Tribal lands, as defined in 47 C.F.R. Section 54.400(e);
- \_\_\_\_4. If I move to a new address, I will provide that new address to the telephone company **within 30 days**;
- \_\_\_\_5. If I provided a temporary residential address to the telephone company, I will be required to verify my temporary residential address **every 90 days**;
- \_\_\_\_6. My household will receive only one (1) Lifeline service, and, to the best of my knowledge, my household is not already receiving a Lifeline service;
- \_\_\_\_7. I acknowledge that I will be required to re-certify my continued eligibility for Lifeline annually, and my failure to re-certify as to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits pursuant to 47 C.F.R. Section 54.405(e)(4);
- \_\_\_\_8. I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law; and
- \_\_\_\_9. The information contained in the application and certification form is true and correct to the best of my knowledge.
- \_\_\_\_10. I acknowledge that information from this certification will be given to USAC and/or its agents for purpose of verifying that my household does not receive more than one benefit.
- \_\_\_\_11. I acknowledge that Lifeline Service is Non-Transferable.



**Do you or does anyone in your household have any disabilities that may inhibit access to service offerings?**

If yes, please explain: \_\_\_\_\_

X \_\_\_\_\_  
*Customer Signature*

\_\_\_\_\_  
*Date*

X \_\_\_\_\_  
*Printed Name*

### **54.313 Lifeline customers MOU and additional toll charges**

Wireless lifeline subscribers receive unlimited local minutes within the State of Alaska at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, receive 500 minutes of Long Distance and additional minutes are billed at \$.25 per minute. A \$200 deposit is required for Long Distance.